

PERSONNEL ACTIVITY REPORT

Employee Name: _____

Month/Year: _____

TO BE COMPLETED BY EMPLOYEE:

INSTRUCTIONS: This form is for employees who spend part of their day working on the Child and Adult Care Food Program (CACFP). Each month, indicate the number of hours per day spent on program labor activities related to the CACFP. Administrative labor may only be claimed if indicated and approved on the CNIPS application. Examples of CACFP administrative activities include, but are not limited to: monitoring, recordkeeping, compiling data and completing the Claim for Reimbursement. Examples of CACFP program labor activities include, but are not limited to: menu planning, grocery shopping, cooking and serving meals and clean up after meals. This is one of the forms that will be used in documenting a nonprofit food service operation.

Date	Hours Worked on CACFP		Non CACFP Hours Worked	Total Hours Worked	Date	Hours Worked On CACFP		Non CACFP Hours Worked	Total Hours Worked
	Admin	Program Labor				Admin	Program Labor		
1					17				
2					18				
3					19				
4					20				
5					21				
6					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16					TOTAL				

I certify that this is an accurate record of the number of hours worked on the CACFP.

Employee Signature

Date

TO BE COMPLETED BY CENTER DIRECTOR/AUTHORIZED REPRESENTATIVE

A. (HOURLY PAID STAFF)

1. Total administrative hours worked on CACFP _____ x _____ (hourly wage) = \$_____ (Total administrative CACFP salary)

2. Total program labor hours worked on CACFP _____ x _____ (hourly wage) = \$_____ (Total program labor CACFP salary)

B. (SALARIED STAFF)

3. Total administrative hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %
Total Salary for month \$_____ x _____ % = \$_____ (Total admin. CACFP salary)

4. Total program labor hours worked on CACFP _____ ÷ Total hours worked _____ = _____ %
Total Salary for month \$_____ x _____ % = \$_____ (Total program labor CACFP salary)

I certify that payroll records are on file that verifies the total wages as listed above.

5. Signature of Center Director/Authorized Representative _____

Date _____

*7 CFR 226.15(e)

